

U.S. Department of Justice
United States Marshals Service

PROCESS RECEIPT AND RETURN

See Instructions for "Service of Process by the U.S. Marshal" on the reverse of this form.

PLAINTIFF Devalle Spencer	COURT CASE NUMBER 08C571 08C571
DEFENDANT Sheriff Thomas Dart, et al.	TYPE OF PROCESS S/C

SERVE ➔ AT	NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN Dr. Carlos Altez, Cook County Dept. of Corrections
	ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 2800 S. California, Chicago, IL 60608

SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW:

Devalle Spencer, #2006-0097519
Cook County Jail
P.O. Box 089002
Chicago, IL 60608

Number of process to be served with this Form - 285

1

Number of parties to be served in this case

2

Check for service on U.S.A.

SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, All Telephone Numbers, and Estimated Times Available For Service):

Fold

Fold

FILED

JUL 21 2008 YM

MICHAEL W. DOBBINS

CLERK, U.S. DISTRICT COURT

Signature of Attorney or other Originator requesting service on behalf of:

☒ PLAINTIFF

☐ DEFENDANT

TELEPHONE NUMBER

DATE

03-26-08

SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE

I acknowledge receipt for the total number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)	Total Process 2 of 2	District of Origin No. 24	District to Serve No. 24	Signature of Authorized USMS Deputy or Clerk Td	Date 03-26-08
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I hereby certify and return that I ☐ have personally served, ☐ have legal evidence of service, ☒ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below.

☐ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

Jean Kirianez, Director C&I /RM

Address (complete only if different than shown above)

☐ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Date of Service

4-1-08

Time

11:30

pm

Signature of U.S. Marshal or Deputy

[Signature]

Service Fee	Total Mileage Charges (including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marshal or	Amount of Refund
one	Service Fee charged	same	Rate + Location	see process		

REMARKS:

1-DUSM 14-miles Sheet #1 for charge
2-Hours